U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 2/24

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

Name, file number, and address of labor organization. Name UNITE Sabor Organization File Number 000-381 O.O. Box, Building and Room Number, if any 10th Floor Street 275 Seventh Avenue Sity New York State New York Trainior child directly or indirectly had any of the following interests a set forth in the instructions): and income or other economic benefit of spresents or is actively seeking to represent. Nature of Interest, Transaction, or Income.
abor Organization File Number 000-381 O.O. Box, Building and Room Number, if any 10th Floor Street 275 Seventh Avenue Sity New York State New York ZIP Code + 4 10001 It minor child directly or indirectly had any of the following interests a set forth in the instructions): Bed income or other economic benefit of expresents or is actively seeking to represent.
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Amount.
y and other applicable penalties of the law, that all of the information ocuments), has been examined by the signatory and is, to the best of the on penalties in the instructions.)
n 4/21/05 212-929-2600 Telephone Number
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Joseph Lombardo		101
B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or including with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise	
Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Amalgamated Bank	X a. Labor Organization	
Trade Name, if any:	X a. Labor Organization b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street 15 Union Square		
City New York		
State New York ZIP Code + 4 10003		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Amalgaated Bank	No stocks	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street 15 Union Square	11.b. Approximate dollar value of such dealing.	0
City New York	12.a. Nature of interest held or income received.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
State New York ZIP Code + 4 10003	\$6,000.00 in fees	
State New York ZIP Code + 4 10003	\$6,000.00 in fees 12.b. Amount.	\$6,000
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money	12.b. Amount. er parts A and B above) or other thing of value.	\$6,000
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